APR 8 0 2007

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

I hereby declare that:
Each inventor's residence, mailing address and citizenship are stated below next to their name.
believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number6, 289, 515, grantedSeptember 18, 2001 and for which a
reissue patent is sought on the invention entitled, granted,
ERGONOMIC FIELDING GLOVE
the specification of which
is attached hereto.
was filed on 09/11/2003 as reissue application number 10/662,036
and was amended on (If applicable)
I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)
by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent.
by reason of other errors.
At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:
See Attachment A attached hereto.
vari

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. A lift you need assistance in completing the form, call 1-800-PTO-9199 and select option 2:

PTO/SB/51 (10-05)
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(REISSUE APPLICATION DECLARATION BY THE IN	VENTOR, page	2)		Do	cket N	umber (Opt	ional)	
All errors corrected in this reissue application arose with		•	n on the	e part of the	appli	cant.		
Note: To appoint a power of attorney, use form PTO/SI	3/81.							
Correspondence Address: Direct all communications al	bout the applicat	ion to:	•					
The address associated with Customer Number	er: 38513							
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	WARNING:							
Petitioner/applicant is cautioned to avoid submitting prontribute to identity theft. Personal information such numbers (other than a check or credit card authorization the USPTO to support a petition or an application. If the USPTO, petitioners/applicants should consider red them to the USPTO. Petitioner/applicant is advised publication of the application (unless a non-publication or issuance of a patent. Furthermore, the record from application is referenced in a published application authorization forms PTO-2038 submitted for payment publicly available. I hereby declare that all statements made herein of m and belief are believed to be true; and further that statements and the like so made are punishable by find false statements may jeopardize the validity of the declaration is directed. Full name of sole or first inventor (given name, family name)	ch as social sector form PTO-203 this type of personal such personal that the record request in compan an abandone or an issued purposes are not be statemed and imprison any purposem application, any	urity number submitted on al information of a pater diance with a application of retained e are true ents were ent, or bot	bers, bad for paration i mation i mation in appliin 37 CF on may e 37 Cf in the and that made who, unde	ank account ayment purps included in from the do cation is averaged and the ralso be averaged and carrier and the extension and the service and the with the known at all statem with the known at all statem	ot num poses) in docc cumer vailable is mac vailable Chec ifile a nents r nowled 1001,	ibers, or creatisments sub- its before sub- its before sub- its the put- de in the apple to the put- cks and creating therefore made on infulge that will and that su	edit card quired by mitted to ubmitting blic after plication) blic if the edit card e are not formation lful false uch willful	
Robert M. Fous Inventor's signature	Date	1 . ,		-				
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Portland, OR 97221				-				
Full name of second joint inventor (given name, family	name)							
Inventor's signature	Date							
Residence	Citizer	ıship						
Mailing Address								
Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.								